Application for Reactivation of an Individual Authorisation under Scientific Animal Protection Legislation

For details on completing this application form, please see the HPRA ‘Guide to New, Amendment, Renewal and Reactivation Applications for Individuals under Scientific Animal Protection Legislation’.

Please do not complete this application form if your existing individual authorisation has expired or is due to expire within 28 days from the date of submission of this application. A new ‘Application for an individual authorisation under Scientific Animal Protection Legislation’ must be submitted in this case.

SECTION A: applicant and BREEDER/SUPPLIER/USER details

|  |  |  |
| --- | --- | --- |
| Applicant details | | |
| Title |  | |
| First name |  | |
| Surname |  | |
| Address |  | |
| Eircode |  | |
| Email |  | |
| Telephone |  | |
| Breeder/supplier/user establishment |  | |
| Existing individual authorisation number | |  |
| Date of expiration of existing individual authorisation\* | |  |
| Is your existing individual authorisation subject to a specific condition? | | Yes  No |
| If yes, provide evidence that the specific condition has been fulfilled.  If the specific condition has not been fulfilled, please comment: | |  |

\*If your existing individual authorisation is due to expire within six months from the date of submission of this application; once reactivated, an application for *renewal* of this authorisation may be submitted up to 28 days prior to expiry, to ensure authorisation is not interrupted.

Section B: PROPOSED REactivation

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| Please tick the box below to confirm that you wish to reactivate your existing individual authorisation. |
| I acknowledge and understand that by ticking the box below, my individual authorisation will be reactivated only for the purposes for which I was previously authorised, and only for the period of time originally authorised.  Yes |

Section C: Declaration and undertaking

|  |  |
| --- | --- |
| *The declaration and undertaking must be signed by the individual applicant and the compliance officer responsible for ensuring compliance with the provisions of Directive 2010/63/EU and S.I. No. 543 of 2012 at the registered breeder/supplier/user.*  **Applicant**  I hereby declare that reactivation of the existing authorisation identified in Section A above is sought for the remainder of the original 5-year authorisation period, and that the information provided in this application form is correct and complete.  I hereby declare that, in the event of this authorisation being reactivated:  I will respect the principles of replacement, reduction and refinement (i.e. the 3R principles) and comply with the terms and conditions of the authorisation.  I will use the authorisation only for the purposes stated in my authorisation.  The relevant maintenance fees will be paid to the HPRA as required.  I hereby undertake, in the event of the authorisation being reactivated, to ensure fulfilment of the obligations arising by virtue of the terms and conditions of the authorisation. | |
| Signature of applicant |  |
| Print/type name |  |
| Date |  |
| **Compliance officer responsible for ensuring compliance with the provisions of Directive 2010/63/EU and S.I. No. 543 of 2012 at the registered/authorised establishment**  I hereby declare that:  The applicant is affiliated to the primary breeder/supplier/user referred to in Section A.  I understand that if the applicant fails to uphold his/her responsibilities under Directive 2010/63/EU and S.I. No. 543 of 2012, this may have implications for the continued authorisation of the breeder/establishment/user concerned.  I hereby undertake, in the event of reactivation of this authorisation:  That he/she has or shall be provided with appropriate training, education and experience for the purposes to which this authorisation relates.  That he/she shall be supervised in the performance of the above tasks until he/she has demonstrated requisite competence.  To ensure maintenance of accurate and, up-to-date training records demonstrating training received by, supervision provided to, and competence attained by, the applicant. | |
| Signature of compliance officer  (on behalf of breeder/supplier/user) |  |
| Print/type name |  |
| Date |  |

Checklist of documentation to be submitted with the application

Evidence of fulfilment of specific condition (where relevant)

Fee application form and accompanying fee\*\*

Proof of payment of fee\*\*\*

\*\*The appropriate fee must be paid before the application can be validated for assessment. Information in relation to fees can be found on the [HPRA website](http://www.hpra.ie/homepage/veterinary/scientific-animal-protection/authorisations/fee-information). Queries in relation to the payment of fees should be submitted to [accounts@hpra.ie](mailto:accounts@hpra.ie).

\*\*\*Proof of payment should be a remittance advice or bank statement showing the fees have been paid to the HPRA.